

# SPRING VALLEY SCHOOL ADMISSIONS APPLICATION

Date: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
*First* *MI* *Last* *Goes By*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_

*City* *State* *Zip* *Email*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Siblings: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_ Address: \_\_\_\_\_

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Father's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Father's Social Security #: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mother's Social Security #: \_\_\_\_\_

*Continued on other side . . .*

Previous Schools Attended:

Dates Attended:

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List any health problems:

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List any medications taken regularly and their purpose:

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List your child's strengths:

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List your child's areas of needs:

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What are your goals for your child?

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